

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
SEP 17 2013
Bayfield Co. Zoning Dept.

Permit #:	13-0300	ENTERED
Date:	9-23-13	
Amount Paid:	\$75	
Refund:	9-17-13	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>JAMES F. PECNIK</u>	Mailing Address: <u>35225 WHITETAIL DR. 54814</u>	City/State/Zip: <u>BAYFIELD, WI. 54814</u>	Telephone: <u>715 913 0071</u>
Address of Property: <u>35225 WHITETAIL AVE.</u>		City/State/Zip: <u>BAYFIELD, WI. 54814</u>	Cell Phone: <u>3372571228</u>
Contractor: <u>JOE SHARP</u>	Contractor Phone: <u>29251225</u>	Plumber: <u>N/A</u>	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: Legal Description: (Use Tax Statement)		PIN: (23 digits) <u>0043-50-04-14-2-00-15B</u>	Recorded Document: (i.e. Property Ownership) <u>1st ADDITION</u>
<u>SW 1/4 NW 1/4</u>	Gov't Lot <u>20</u>	Lot(s) <u>20</u>	Block(s) No. <u>1065</u>
<u>N 1/2 NW 1/4 SW</u>	CSM	Vol & Page	Subdivision: <u>DEERFIELD ESTATES</u>
Section <u>14</u> , Township <u>50 N</u> , Range <u>4 W</u>	Town of: <u>BAYFIELD</u>	Lot(s) No.	Block(s) No.
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<u>\$18,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>NEW</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Addition/Alteration (specify) <u>SUN PORCH</u>	(<u>14</u> X <u>16</u>)	<u>224</u>
	Accessory Building (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
Rec'd for Issuance			
	Special Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Conditional Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Other: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application, including any accompanying information, has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James F. Pecnik Date 12 SEP 13

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

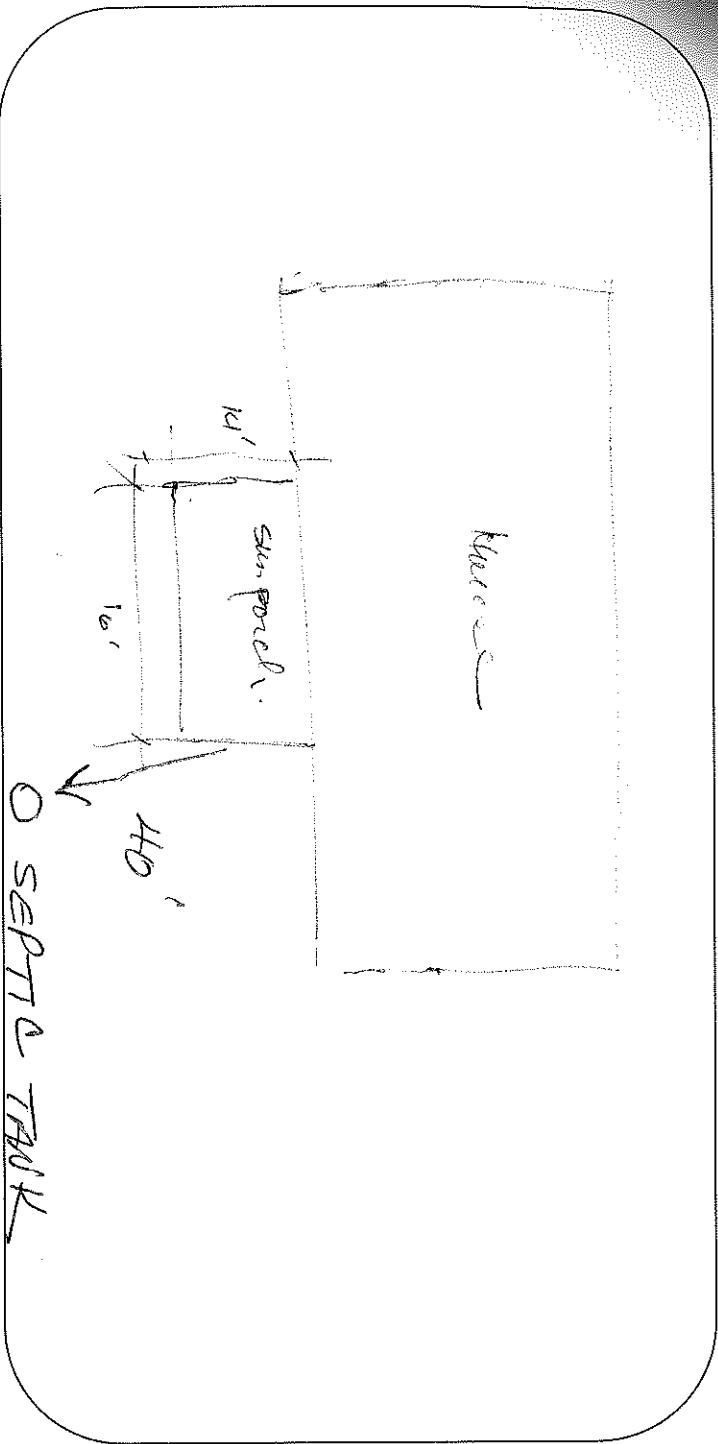
Address to send permit 35225 WHITETAIL AVE. BAYFIELD 54814 Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch Your Property (regardless of what you are applying for)

1. Show Location of: Proposed Construction
2. Show / Indicate: North (N) on Plot Plan
3. Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
4. Show: All Existing Structures on your Property
5. Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
6. Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
7. Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	180 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	90 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	180 Feet	Setback from Wetland	N/A Feet
Setback from the South Lot Line	150 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the West Lot Line	200+ Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line	90 Feet		
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	90 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the corner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 43162	# of bedrooms: 3	Sanitary Date: 11-19-1976
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0326		Permit Date: 9-23-13		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: N/A	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: owner present for inspection to represent property lines, project area, & septic system.		Zoning District (R2B) Lakes Classification (N/A)		Date of Re-Inspection: N/A
Date of Inspection: 9.19.13		Inspected by: J. CROONBORG, M. V. V. V.		
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		AND USE PERMIT FOR ADDITION/ALTERATION REQUIRED.		
Signature of Inspector: [Signature]		Date of Approval: 9.23-13		
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)

APR 2013

Bevel Co. Zircon Co.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →	<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input checked="" type="checkbox"/> OTHER <u>good</u>
----------------------------	-----------------------------------	-----------------------------------	--------------------------------	--	--------------------------------------	---------------------------------	---

Permit #:	13-0338
Date:	9-23-13
Amount Paid:	\$175
Refund:	815-13

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input checked="" type="checkbox"/> B.O.A. <input checked="" type="checkbox"/> OTHER GOOD	
Owner's Name: <u>Salie A. MacGregor</u>	Mailing Address: <u>690 Grand Technic</u> City/State/Zip: <u>Fayetteville, GA 30215</u> Telephone: <u>770-716-0190</u>
Address of Property: <u>S. of 83150 Hwy 13 - no # yet</u>	City/State/Zip: <u>Bayfield, WI 54814</u> Cell Phone: <u>678-5950274</u>
Contractor: <u>P</u>	Contractor Phone: _____ Plumber: _____ Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner's) _____	Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>S 445' of 1/4 1/4 Gov't Lot 3</u>	PIN: (23 digits) <u>04-006-2-50-04-27-3-05-003-20000</u> Recorded Document: (i.e. Property Ownership) Volume <u>9164</u> Page(s) <u>164</u>
Section <u>27</u> , Township <u>50</u> , Range <u>4</u> W	Town of: <u>Bayfield</u> Lot Size: <u>±495' x 785'</u> Acreage: <u>9.69</u>
<input checked="" type="checkbox"/> Shoreland → <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes—continue →	Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline: <u>no structure</u> feet Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
5 <u>n/a</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> <u>n/a</u>
	<input type="checkbox"/> Relocate (existing bids)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> <u>Diverted</u>	<input type="checkbox"/> _____			<input type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Rec'd for Issuance <input type="checkbox"/>		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Other: (explain) <u>driveway, grading</u>	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

above described property at any reasonable time for the purpose of inspection.

Owner(s): Sallie A. MacGregor Sallie A. MacGregor

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 8-6-13

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit 690 Grand Teton Circle Fayetteville GA 30215

Attach Copy of Tax Statement

- show or sketch your property (regardless of what you are applying for)
- Proposed Construction
- show / indicate: North (N) on Plot Plan
- show Location of (*):
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%

See attached map
(plot is undeveloped)

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 13-0308		Permit Date: 9-23-13					
Is Parcel a Sub-Standard Lot		<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		Case #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		NA		<input type="checkbox"/> Yes <input type="checkbox"/> No		NA	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Inspection Record: shoreline segment 134 (NA)							
Date of Inspection: 8. 2013		Inspected by: J. Carson Beckwith					
Condition(s): Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)							
<p>The smallest amount of base around shall be exposed for the shortest time feasible (3.1.24(d)(1)(2)). Temporary cover such as mulch, be used & permanent cover planted 13.1.24(d)(4)(b). Best management practices shall be used. No vegetation removal allowed within 50 ft. Buffer from the top of the bank. No wetland shall be filled up. Permit from DNR.</p>							
Signature of Inspector:				Date of Approval:		9.23.13	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
SEP 17 2013
Bayfield Co. Zoning Dept.

Permit #ENTERED	13-0330
Date:	9-30-13
Amount Paid:	\$240
Refund:	9-03-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>James Ladreuil, Chadreuil</u>	Mailing Address: <u>PO Box 904</u>	City/State/Zip: <u>Bayfield, WI 54814</u>	Telephone: <u>(715) 210-5663</u>
Address of Property: <u>84170 Hatcher Rd.</u>		City/State/Zip: <u>Bayfield, WI 54814</u>	Cell Phone: _____
Contractor: <u>Lake Effect Builders LLC</u>	Contractor Phone: <u>715-209-0300</u>	Plumber: <u>NA</u>	Plumber Phone: <u>NA</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Leo Ketham</u>		Agent Phone: <u>715-209-0300</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>N 1/4, S 1/4</u>		PIN: (23 digits) <u>04-006-2-50-04-22-3 02-000 2000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>6412</u> Page(s) <u>62</u>
Gov't Lot: _____	Lot(s): _____	CSM: _____	Vol & Page: _____
Lot(s): _____	CSM: _____	Vol & Page: _____	Lot(s) No.: _____
Block(s) No.: _____	Subdivision: _____	Lot Size: _____	Acres: <u>25</u>
Section <u>22</u> , Township <u>50</u> N, Range <u>01</u> W	Town of: <u>Bayfield</u>		
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes---continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> If Yes---continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>80000</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HT</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Prt) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>42'</u>	Width: <u>32'</u>	Height: <u>28'</u>
Proposed Construction:	Length: <u>14'</u>	Width: <u>14'</u>	Height: <u>26'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Loft	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Porch	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/> Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>2 story office/guest bdr living</u>	<input type="checkbox"/> Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	<u>1960</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> SEP 30 2013	<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Secretarial Staff	<input type="checkbox"/> Other: (explain) <u>2nd story Deck (add)</u>	(<input type="checkbox"/> X <input type="checkbox"/>)	<u>460</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 9/17/13
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: see letter of Authorization
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 612 West 4th Street Washburn WI 54801 Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
(2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	815 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	— Feet	Setback from the River, Stream, Creek	— Feet
		Setback from the Bank or Bluff	— Feet
Setback from the North Lot Line	57 Feet		
Setback from the South Lot Line	84 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	461 Feet	Setback from 20% Slope Area	— Feet
Setback from the East Lot Line	800 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	30 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

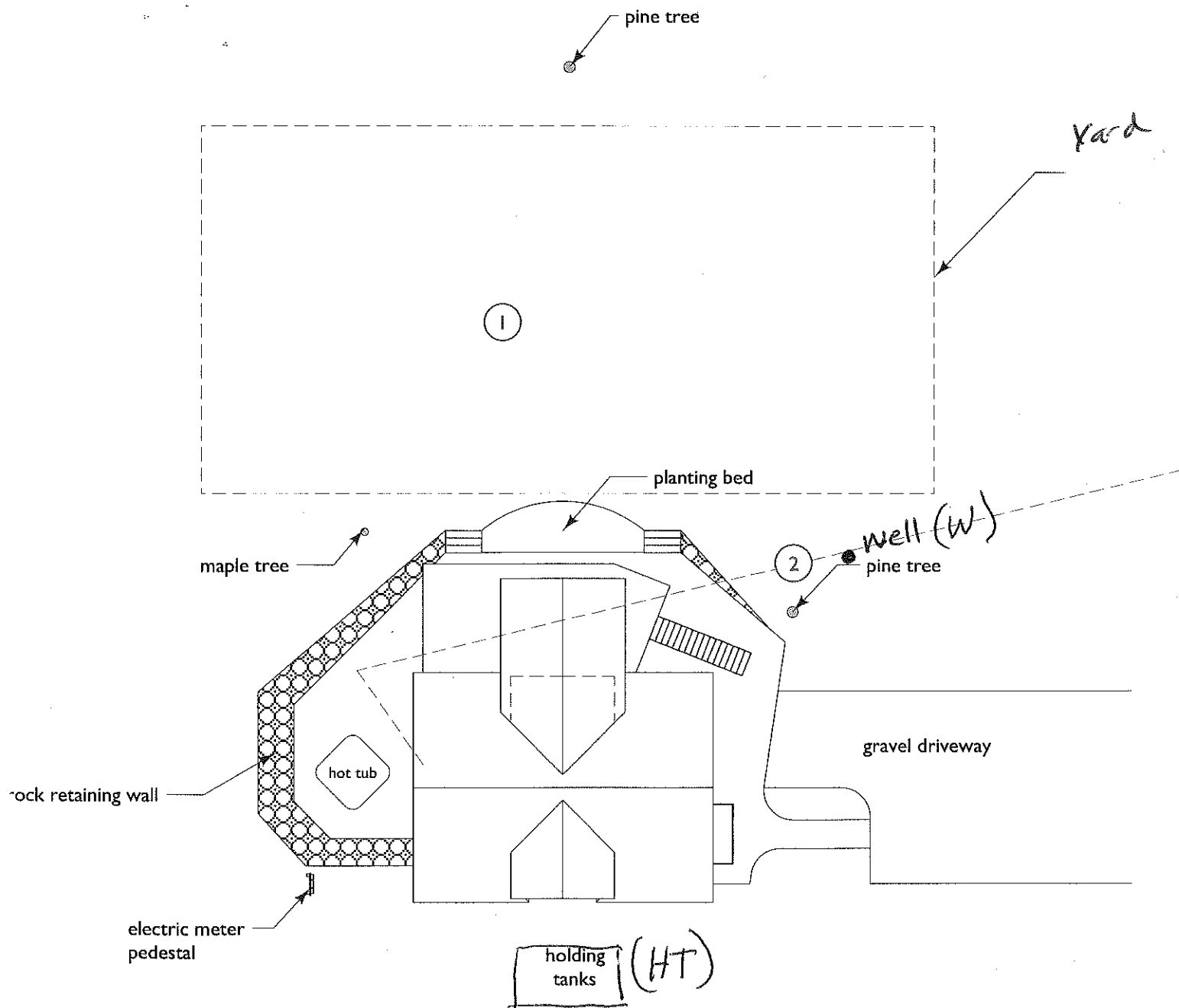
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

House : 96-5720

Issuance Information (County Use Only)		Sanitary Number: 282724/3750	# of Bedrooms: 3 (includes bedroom)	Sanitary Date: 10-23-96
Permit Denied (Date):		Reason for Denial:	day for design 2000 gph in house - 1500 gph	
Permit #: 13-0336	Permit Date: 9-30-13	Flow Rate 100 gph		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Contractor on site to repair front porch. Paper & property lines exist for deck on south side of house. Deck removed and replaced by patio.		Zoning District (R2B) Lakes Classification (NA)		
Date of Inspection: 9-24-13	Inspected by: J. Cronin, Municipality	Date of Re-Inspection: N/A		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector:		Date of Approval: 9-26-13		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



SITE PLAN
1" = 20 ft



SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
SEP 18 2013

Bayfield Co. Zoning Dept.

Permit #:	13-03317
Date:	9-30-13
Amended	75-06
Refund:	9-18-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: LINDA DICK + KATHLEEN LEWIS	Mailing Address: 3856 HARRIET AVE. City/State/Zip: BAYFIELD WI 54814	Telephone: Cell Phone:
Address of Property: 87805 OLIVIA LN	Contractor Phone: 715 209 6415	Plumber Phone:
Contractor: WOODLAND HOME SERVICES LLC	Plumber: N/A.	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) MIKE WRIGHT	Agent Phone: 715 209 6415	Agent Mailing Address (Include City/State/Zip): 116 E. 3RD ST WASHBURN WI 54891
PROJECT LOCATION	Legal Description: (Use Tax Statement) 1/4, 1/4	PIN: (23 digits) 04-006-2-50-03-06-2 00-605-4000
Section 06, Township 50N N, Range 03 W	Town of: BAYFIELD	Recorded Document: (I.e. Property Ownership) Volume 2013 Page(s) 205
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->	Distance Structure is from Shoreline: _____ feet Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material \$16,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists)	Specify Type: HODGING TANK	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Sanitary (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet		

Existing Structure: (If permit being applied for is relevant to it)	Length: 41	Width: 24	Height: 26
Proposed Construction:	Length: 12	Width: 22	Height: 25

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() X ()	
	Addition/Alteration (specify) SCENE POOL	(10 X 28)	264
	Accessory Building (specify)	() X ()	
	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance			
SEP 30 2013	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
Secretarial Staff	Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
MIKE WRIGHT 116 E. 3rd St. WASHBURN, WI 54891
Address to send permit _____

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please See ATTACHED

NOTE: WELL IS SHARED WITH 2 ADJACENT HOMES
AND IS LOCATED APPX 100 YARDS WNW OF HOME

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	65 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
Setback from the North Lot Line	APPROX 10 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	> 100 Feet	Setback from Wetland	
Setback from the West Lot Line	APPROX 80 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	APPROX 144 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	500 Feet
Setback to Drain Field	67 Feet		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 464229/5414346	# of bedrooms: 4	Sanitary Date: 12.12.02	
Permit Denied (Date):	Reason for Denial:				
Permit #: 13-0337	Permit Date: 9-30-13				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: Spoke with Bob Will re: setbacks & cond Disapproval must DUO to EXPANSE COND PLAT SETBACKS TO PREVIOUSLY LINKS 21 PAGES ON PRECISE MAP NOT APPLICABLE. Date of Inspection: 9.24.13 Inspected by: J. CADORRE, MURPHY					
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)					
COND Association approved after BE RETURNED IF NECESSARY.					
Signature of Inspector: [Signature]					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 9.26.13	

